

ANSI-ASQ National Accreditation Board/FQS

North Carolina
State Crime Laboratory
Triad Regional Laboratory
2306 W. Meadowview Road, Ste. 110
Greensboro, NC 27407

Report on Conformance with ISO/IEC 17025:2005

Accreditation Assessment Conducted on May 13-15, 2013 by

Frank Fitzpatrick, Lead Assessor

Terry Mills and David Knoerlein, Technical Assessors

ANSI-ASQ National Accreditation Board/FQS 5300 West Cypress Street, Suite 180 Tampa, Fl 33607 Tel (813) 443-0517 Fax (813) 443-0519 www.fqsforensics.org

INTRODUCTION

The assessment was conducted against the standard of ISO/IEC 17025:2005 and any appropriate supplemental requirements by Frank Fitzpatrick, Lead Assessor, and Terry Mills and David Knoerlein, Technical Assessors

The assessment was conducted at North Carolina State Crime Laboratory – Triad Regional Laboratory on May 13 -15, 2013 by inspection of facilities; review of policies, procedures, and records; and by staff interviews. All elements of the International Standard were assessed in this assessment.

Places where change is recommended reflect the requirements of program compliance and should not be taken as reflecting the quality of work product. The report is confidential to the customer and is for management purposes only.

The report contains identified non-conformances listed as major, minor, and opportunities for improvement. Each is defined below:

- 1. **Major Non-Conformances:** A major non-conformance is the absence of or the failure to implement and maintain one or more of the accreditation checklist requirements or a situation which would, on the basis of available objective evidence, raise significant doubt as to operations or appropriateness of the results reported by the accreditation customer. The assessment team may judge numerous minor non-conformances against a single requirement to be a significant breakdown of the management system and thus a major non-conformance. Any minor non-conformance that is a repeat from the previous assessment will be considered a major non-conformance.
- 2. **Minor Non-Conformances:** A minor non-conformance is any other non-conformance which seems to be an isolated occurrence and is normally easily corrected and verified.
- 3. **Opportunities for Improvement:** An <u>opportunity for improvement</u> is not a non-conformance or finding. It is used to document items that may help a customer improve their operations.

Cited clause numbers refer to the International Standard ISO/IEC 17025, unless otherwise indicated.

The laboratory is required to respond to **non-conformities** in writing within 30 days of receipt of the assessment report. The response shall identify the corrective action taken, including root cause analysis, selection and implementation of corrective action, and any follow-up confirmation of effectiveness. It is recognized that some non-conformities may require more than 30 days for completion of the process of root cause analysis, selection and implementation of corrective action, and confirmation of effectiveness, and

in such instances the 30 day response must include a description of action taken to date and a plan with milestones for completion of the corrective action.

All non-conformities will be verified at the next assessment or surveillance.

No response is required to opportunities for improvement.

All communication on non-conformities must be made through the Lead Assessor and/or the FQS Accreditation Manager.

This report contains the following information, as applicable:

- Confidential and No Conflict of Interest Statement
- Non-Conformances
- Commendations
- Statement on Proficiency Testing, Management Review & Internal Audit
- Prior Non-Conformances, if Applicable
- Sampling of Scope (Method/Matrix)
- Conclusions

CONFIDENTIAL AND NO CONFLICT OF INTEREST

ANSI-ASQ National Accreditation Board (ACLASS & FQS) Confidential Information and No Conflict of Interest Agreement I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation I hereby execute this Special Agreement with respect to Tried ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided as a second to the second indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer. I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement. I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for the Company. I shall deliver to the Company, or at the Company's direction, to Customer all materials and reports (including all copies) in my possession (including manuals, reports, computerized data contained in any form) upon receipt of a written letter from Customer or the Company instructing me to return such materials. I understand that my obligations under this Special Agreement shall survive the termination of the Agreement. Designated Assessor: FRANK Fitzpatrica Stepatri Date: 5-13-13

ANSI-ASQ National Accreditation Board (ACLASS & FQS) Confidential Information and No Conflict of Interest Agreement I am a designated Assessor and/or Expert and have executed an agreement with ANSI-ASQ National Accreditation Board (ACLASS or FQS, hereinafter the "Company") to provide Accreditation Activities to the Company. As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each Company's customer for whom I perform Accreditation Activities.

I hereby execute this Special Agreement with respect to Trial ("Customer"). I confirm that I have not during the 24 month period prior to the date hereof directly or indirectly provided any consulting or other services which might reasonably be construed as a conflict of interest (e.g., any commercial, financial and other pressures) to or on behalf of Customer. I confirm that I will not during the 12 month period succeeding the last day on which I provide Accreditation Activities with respect to Customer pursuant to the Agreement or any future agreement between the Company and me, directly or indirectly provide any consulting or other services which might reasonably be construed as a conflict of interest to or on behalf (including, but not limited to Accreditation Activities for another accreditation body) to or on behalf of Customer.

I understand that in order to perform Accreditation Activities with respect to Customer, the Company and/or Customer shall provide me, (i) with materials concerning Customer and records of Customer which contain confidential information belonging to Customer, and (ii) with access to Customer's personnel who know confidential information belonging to Customer, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

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I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.

Designated Assessor: A. M. Mally				
Date: 5/13/13				
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I understand that retermination of the Agreen	ny obligations under this Special Agreement	t shall survive the
Designated Assessor:		
Date:	5/16/2013	
ACEASS & PQS Form 2	ConfidentialNo Conflict Agreement	Supp. 5, 2012

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	Reference Information				
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013		
Type of Assessment:	NC #:	OFI - 2			
Assessor: Frank Fitzpa	Assessor: Frank Fitzpatrick				
	iously written-up from last assessment?	X NO	•		
	T (F. 1.	_			
☐ Major	Type of Finding Minor		Onn outurnites		
Major Major	L Minor		Opportunity		
	Description of Finding				
all evidence handling proced	dministrative Services Procedure requires a "quarterly random auditures". While this audit is being done, the thoroughness of the procedure and retained, and if a specific procedure or checklist existed we	ess would be enhan	ced if the case numbers		
	Organization's Proposed Corrective Action Plan ubmit your corrective action plan. If EQM is unavailable please su				
		-			
Response Acceptabl					
Date:	Approved By:				
	rants comment, do so below:				
Additional Response Accep	otable? If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for	Date:			
\square YES \square NO	guidance.	Approved By:			
	Verification of Response by ACLASS / FQS (Non-EQM Use)				
IMPLEMENTATION	ACCEPTABLE? (verified next visit)	Date:			
☐ YES ☐ NO		Approved By:			
If response is "NO" or war	rants comment, do so below:				

Customer Name:	NC State Crime Laboratory - Triad Regio	nal Lab	Date:	April 12, 2013	
Type of Assessment:	□ AA □ SA □ RA □ TRA □ Follow-up Visit □ Scope	☐ TSA ☐ RSA Expansion	NC #:	Minor - 1	
Assessor: Frank Fitz	patrick		Clause #	4.14.1	
Was finding pr	eviously written-up from last assessment?	☐ YES	X NO		
	Type of Fi	nding			
☐ Major	⊠ Minor			Opportunity	
	Description of				
	st completed on the Internal Audit dated Octo			c requirements of	
accreditation for FQS and	so the internal audit did not address all of the		ment system.		
Please leg into FOM and	Organization's Proposed C submit your corrective action plan. If EQM		hmit vour connectiv	vo action plan via email	
	response needs to, include:	is unavanable please su	onnt your corrective	ve action pian via eman	
Root Cause Analysis (ho	w / why did this happen?)				
1	tion (what steps will be in the immediate fix?)				
Longer-term co	prrective action (include completion dates and	d actions to prevent re-c	occurrence)		
	Acceptance of Response by ACL	ASS / FQS (Non-EQM	Use)		
Response Accepta	ble?				
Date:	Approved By:				
If response is "NO" or w	arrants comment, do so below:				
Additional Response Ac	eptable? If response is "NO" again, or	contact			
	ACLASS / FQS Accreditati	on Manager(s) for	Date:		
	guidance.		Approved By:		
Verification of Response by ACLASS / FQS (Non-EQM Use)					
IMPLEMENTATION ACCEPTABLE? (verified next visit) Date:					
☐ YES ☐ NO			Approved By:		
If response is "NO" or warrants comment, do so below:					

	Reference Information			
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013	
Type of Assessment:	🛮 AA 🗆 SA 🗆 RA 🗆 TRA 🗆 TSA 🔲 RSA	NC #:	Minor - 1	
	☐ Follow-up Visit ☐ Scope Expansion			
Accessory Front Fitznet	<u> </u>	Clause #	4.15.1	
Assessor: Frank Fitzpati	ously written-up from last assessment?	∑ NO	4.13.1	
was finding previo	· · ·	A NO		
	Type of Finding			
☐ Major	☐ Minor		Opportunity	
	Description of Finding	c .	C 41 C 1	
	es not contain all the elements required of this Standard. Non-con e not included, additionally, the Management Review lacked deta			
information to top manageme		ii wilicii would piov	ride significant	
in ormania to top manageme	Organization's Proposed Corrective Action Plan			
Please log into EOM and su	bmit your corrective action plan. If EQM is unavailable please su	ıbmit vour correctiv	ve action plan via email	
to ACLASS / FQS. Your re	sponse needs to, include:	·		
Root Cause Analysis (how /				
	n (what steps will be in the immediate fix?)			
Longer-term corre	ective action (include completion dates and actions to prevent re-	occurrence)		
	Acceptance of Response by ACLASS / FQS (Non-EQM	(Use)		
Response Acceptable	? ☐ YES ☐ NO			
Date:	Approved By:			
If response is "NO" or warr	ants comment, do so below:			
A 13'4' 1 D A	-11-9 If			
Additional Response Accept	lable? If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for	Date:		
\square YES \square NO	guidance.	Approved By:		
Verification of Response by ACLASS / FQS (Non-EQM Use)				
IMPLEMENTATION A	ACCEPTABLE? (verified next visit)	Date:		
□ YES □ NO		Approved By:		
If response is "NO" or warr	ants comment, do so below:			

		Reference Information			
Customer Name:	NC State Crime Laborator	y - Triad Regional Lab		Date:	April 12, 2013
Type of Assessment:	☑ AA ☐ SA ☐ 1	RA 🛘 TRA 🗎 TSA	□ RSA	NC #:	Minor - 1
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Assessor: Frank Fitzpati	ously written-up from last a	ssassmant?	☐ YES	Clause # X NO	4.15.1 F-6 FQS require
was finding previo	busiy withen-up from fast a	•	_ 1ES	M NO	
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There is no stated predetermin		, ,	Action Dlan		
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to ACLASS / FQS. Your re		pian. II EQWI is unavana	ibic picase su	onni your correctiv	ve action plan via cinan
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Short-term corrective action					
Longer-term corre	ective action (include comp	letion dates and actions to	prevent re-	occurrence)	
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Response Acceptable	?	NO			
Date:	Approved By:				
If response is "NO" or warr		w:			
Additional Response Accept		"NO" again, contact	() 6	Date:	
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	-		YAN FOM	Approved By:	
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If response is "NO" or warr	ants comment do so belo	w:		Approved by:	
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	Reference Info	ormation			
Customer Name:	NC State Crime Laboratory - Triad Regio	nal Lab	Date:	April 12, 2013	
Type of Assessment:	☑ AA ☐ SA ☐ RA ☐ TRA	□ TSA □ RSA	NC #:	Minor - 1	
	☐ Follow-up Visit ☐ Scope	Expansion			
Assessor: Frank Fitzpat	rick		Clause #	4.15.2	
	ously written-up from last assessment?	☐ YES	X NO	4.13.2	
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☐ Major	Type of Fi			Onn outure its:	
	A Minor	<u> </u>		Opportunity	
	Description of	f Finding			
There was no evidence that fi	indings from the Management Review were		gement and actions	s arising were recorded.	
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	Organization's Proposed C				
	bmit your corrective action plan. If EQM	is unavailable please su	bmit your correctiv	ve action plan via email	
to ACLASS / FQS. Your re Root Cause Analysis (how /					
	n (what steps will be in the immediate fix?))			
	ective action (include completion dates and		occurrence)		
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Response Acceptable		rion by it do the bear	0.50)		
Date: If response is "NO" or warr	Approved By: rants comment, do so below:				
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\square YES \square NO	guidance.	on Manager (s) for	Annuavad Dva		
guidance. Approved By: Verification of Response by ACLASS / FQS (Non-EQM Use)					
IMPLEMENTATION ACCEPTABLE? (verified next visit) Date:					
☐ YES ☐ NO					
If response is "NO" or warrants comment, do so below:					

Customer Name:	NC State Crime Laboratory - Triad Regional Lab		Date:	April 12, 2013	
Type of Assessment:	Type of Assessment: □ AA □ SA □ RA □ TRA □ TSA □ RSA □ Follow-up Visit □ Scope Expansion			Minor - 2	
Assessor: Frank Fitzpat	rick		Clause #	4.3.1	
Was finding previous	ously written-up from last assessment?	☐ YES	X NO		
	Type of Finding				
☐ Major	X Minor			Opportunity	
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	Description of Finding	g			
	ich form a part of the quality system (e.g.the NC fe	orm, maintenanc	ce log, latent key c	ontrol log, etc) are not	
controlled.					
DI I LA FOM I	Organization's Proposed Correctiv		•,		
to ACLASS / FQS. Your re	bmit your corrective action plan. If EQM is unava	ulable please sub	omit your correctiv	e action plan via email	
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Short-term corrective action	n (what steps will be in the immediate fix?)				
Longer-term corre	ective action (include completion dates and action	s to prevent re-o	occurrence)		
	Acceptance of Response by ACLASS / F	QS (Non-EQM	Use)		
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Date:	Approved By:				
If response is "NO" or war	ants comment, do so below:				
Additional Response Accept	table? If response is "NO" again, contact		_ [
	ACLASS / FQS Accreditation Man	ager(s) for	Date:		
I TES I NO	guidance.		Approved By:		
	Verification of Response by ACLASS / F	QS (Non-EQM	Use)		
IMPLEMENTATION ACCEPTABLE? (verified next visit) Date:					
☐ YES ☐ NO			Approved By:		
If response is "NO" or warrants comment, do so below:					

Customer Name:	NC State Crime Laboratory - Triad Regional Lab		Date:	April 12, 2013		
Type of Assessment:	Type of Assessment: □ AA □ SA □ RA □ TRA □ TSA □ RSA □ Follow-up Visit □ Scope Expansion			Minor - 1		
Assessor: Frank Fitzpat	rick		Clause #	4.3.1		
Was finding previous	ously written-up from last assessment?	☐ YES	X NO			
	Type of Finding					
☐ Major	X Minor			Opportunity		
	🗖			<u>opportunity</u>		
	Description of Findin	g				
The Procedure for Document	Control and Management allows Instrument manu		as references. The	IS states that all such		
documents need to be control	led.					
	Organization's Proposed Corrective					
	bmit your corrective action plan. If EQM is unava	ailable please sul	omit your correctiv	e action plan via email		
to ACLASS / FQS. Your re Root Cause Analysis (how /						
	n (what steps will be in the immediate fix?)					
	ective action (include completion dates and action	s to prevent re-o	ccurrence)			
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Kesponse Acceptable						
Date:	Approved By:					
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L YES L NO	guidance.		Approved By:			
	Verification of Response by ACLASS / F	QS (Non-EQM				
IMPLEMENTATION ACCEPTABLE? (verified next visit) Date:						
\square YES \square NO			Approved By:			
If response is "NO" or warrants comment, do so below:						

Customer Name:	NC State Crime Laboratory - Triad Regional Lab		Date:	April 12, 2013	
Type of Assessment:	Type of Assessment: □ AA □ SA □ RA □ TRA □ TSA □ RSA □ Follow-up Visit □ Scope Expansion			OFI - 1	
Assessor: Frank Fitzpatr	ick		Clause #	4.7.2	
	ously written-up from last assessment?	☐ YES	X NO		
	Type of Finding				
☐ Major				Opportunity	
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	Description of Finding				
	ack last year reported for the Triad lab. This may su	ggest that curre	ent procedures for s	soliciting customer	
feedback are insufficient.					
	Organization's Proposed Corrective				
to ACLASS / FQS. Your re	bmit your corrective action plan. If EQM is unavail	able please sub	omit your correctiv	e action plan via email	
Root Cause Analysis (how /					
Short-term corrective action	(what steps will be in the immediate fix?)				
Longer-term corre	ctive action (include completion dates and actions	to prevent re-o	ccurrence)		
	Acceptance of Response by ACLASS / FQ	S (Non-EQM	Use)		
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Date:	Approved By:				
	ants comment, do so below:				
response is two of warr	ants comment do so below.				
Additional Response Accept		() 6	Date:		
\square YES \square NO	ACLASS / FQS Accreditation Mana guidance.	ger(s) for			
			Approved By:		
IMDI EMENITATION	Verification of Response by ACLASS / FQ	5 (Non-EQM			
IMPLEMENTATION ACCEPTABLE? (verified next visit) Date: □ YES □ NO Approved By:					
	ants comment, do so below:		Approved by:		
If response is "NO" or warrants comment, do so below:					

ACLASS / FQS NON-CONFORMANCE RECORD Reference Information

Customer Name:	NC State Crime Laboratory - Triad Region	onal Lab	Date:	April 12, 2013	
Type of Assessment:	Type of Assessment:			OFI - 1	
Assessor: Frank Fitzpati	rick		Clause #	4.8	
Was finding previous	ously written-up from last assessment?	☐ YES	X NO	•	
	T				
☐ Major	Type of F			Opportunity	
Wajoi	Ivinio	<u> </u>		Opportunity	
	Description o	f Finding			
	s exists for "An expression of dissatisfacti a reports. In at least one instance a compla	on regarding quality of aint was not entered into		after a recent media	
Please log into EOM and su	Organization's Proposed C bmit your corrective action plan. If EQM	Corrective Action Plan is unavailable please su	bmit your correctiv	ve action plan via email	
to ACLASS / FQS. Your re		as unia , unia sie preuse su	one of the contraction	e neuron prum viu emum	
Root Cause Analysis (how /	why did this happen?)				
	n (what steps will be in the immediate fix?				
Longer-term corre	ective action (include completion dates an	d actions to prevent re-	occurrence)		
	Acceptance of Response by ACL	ASS / FOS (Non-EOM	Use)		
Response Acceptable			,		
Date:	Approved By:				
	ants comment, do so below:				
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Additional Response Accept	table? If response is "NO" again,	contact	5.1		
	ACLASS / FQS Accreditati	ion Manager(s) for	Date:		
L YES L NO	guidance.		Approved By:		
Verification of Response by ACLASS / FQS (Non-EQM Use)					
IMPLEMENTATION A	ACCEPTABLE? (verified next visit)		Date:		
\square YES \square NO					
If response is "NO" or warr	ants comment, do so below:	•			
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Customer Name:	NC State Crime Laboratory - Triad Region	al Lab	Date:	April 12, 2013		
Type of Assessment:	□ AA □ SA □ RA □ TRA □ □ Follow-up Visit □ Scope F		NC #:	OFI - 1		
		Expansion	Clause #	5.2.2 F-8 FQS		
Was finding previous	Was finding previously written-up from last assessment?					
	Type of Fin	ding				
☐ Major	☐ Minor		X	Opportunity		
	•					
	Description of					
	ining procedures, it states "The trainee shall	successfully complete	a written test and p	oractical exercises" and		
not state an acceptable criteria	•					
	Organization's Proposed Co					
Please log into EQM and su to ACLASS / FQS. Your re	bmit your corrective action plan. If EQM is	s unavailable please sul	omit your correctiv	e action plan via email		
Root Cause Analysis (how /						
	(what steps will be in the immediate fix?)					
	ective action (include completion dates and	actions to prevent re-o	ccurrence)			
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Response Acceptable		Myd-101) dy i \ ddi	030)			
T						
Date:	Approved By:					
if response is "NO" or warr	ants comment, do so below:					
Additional Response Accept	able? If response is "NO" again, co	ontact	_			
I	ACLASS / FQS Accreditatio		Date:			
\square YES \square NO	guidance.		Approved By:			
Verification of Response by ACLASS / FQS (Non-EQM Use)						
IMPLEMENTATION A	IMPLEMENTATION ACCEPTABLE? (verified next visit) Date:					
☐ YES ☐ NO Approved By:						
If response is "NO" or warr	ants comment, do so below:		•			

	Reference Information									
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013							
Type of Assessment:	🖾 AA 🗌 SA 🔲 RA 🗎 TRA 🗎 TSA 🔲 RSA	NC #:	Minor - 1							
Assessor: Frank Fitzpatrick Clause # 5.2.5										
	ously written-up from last assessment? YES	X NO	3.2.3							
Type of Finding ☐ Major ☐ Minor ☐ Opportunity										
☐ Major	☐ Minor		Opportunity							
	Description of Finding									
The authorization spreadshee	t is extensive but lacks who has authorized this spreadsheet.									
1	Organization's Proposed Corrective Action Plan									
Please log into EQM and su	bmit your corrective action plan. If EQM is unavailable please su	bmit your correctiv	e action plan via email							
to ACLASS / FQS. Your re										
Root Cause Analysis (how /										
	n (what steps will be in the immediate fix?) ective action (include completion dates and actions to prevent re-	occurronco)								
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D 4 4 11	Acceptance of Response by ACLASS / FQS (Non-EQM	Use)								
Response Acceptable	?									
Date:	Approved By:									
If response is "NO" or war	ants comment, do so below:									
Additional Response Accept	able? If response is "NO" again, contact									
	ACLASS / FQS Accreditation Manager(s) for	Date:								
	guidance.	Approved By:								
	Verification of Response by ACLASS / FQS (Non-EQM	Use)								
	ACCEPTABLE? (verified next visit)	Date:								
☐ YES ☐ NO		Approved By:								
It response is "NO" or war	ants comment, do so below:									

ACLASS / FQS NON-CONFORMANCE RECORD Reference Information

Customer Name:	NC State Crime Laboratory - Triad Region	nal Lab	Date:	April 12, 2013						
Type of Assessment:	□ AA □ SA □ RA □ TRA □ Follow-up Visit □ Scope		NC #:	OFI - 2						
Assessor: Frank Fitzpat	Assessor: Frank Fitzpatrick									
	ously written-up from last assessment?	☐ YES	X NO	•						
	Type of Fir	ndina								
☐ Major			X	Opportunity						
i iviajoi	L Millor		1 1 1	Opportunity						
	Description of	Finding								
confusion.	Assurance mixes concepts of UM calculation in Procedure for Measurement Ass	on for balances and UN		•						
	Organization's Proposed C	orrective Action Plan								
to ACLASS / FQS. Your re Root Cause Analysis (how / Short-term corrective action		-	·	e action plan via email						
	Acceptance of Response by ACL	ASS / FQS (Non-EQM	Use)							
Response Acceptable	?									
Date:	Approved By:									
If response is "NO" or warn	rants comment, do so below:									
Additional Response Accept			Date:							
□ YES □ NO	ACLASS / FQS Accreditation guidance.	on Manager(s) for	Approved By:							
	Verification of Response by ACL	ASS / FQS (Non-EQM	Use)							
	ACCEPTABLE? (verified next visit)		Date:							
□ YES □ NO			Approved By:							
If response is "NO" or warn	ants comment, do so below:									

	Reference Inf	ormation		
Customer Name:	NC State Crime Laboratory - Triad Regio	nal Lab	Date:	April 12, 2013
Type of Assessment:		□ TSA □ RSA	NC #:	Minor - 1
	☐ Follow-up Visit ☐ Scope	Expansion		
Assessor: Frank Fitzpat	L rick		Clause #	5.4.6.1, 5.4.6.2, 5.4.6.3
	ously written-up from last assessment?	☐ YES	X NO	
•	Type of Fi	nding		
☐ Major	X Minor			Opportunity
				оррогиши
	Description of	f Finding		
There is no uncertainty of me	easurement estimation for toxicology (blood	d alcohol).		
	Organization's Proposed C			
	bmit your corrective action plan. If EQM	is unavailable please sul	omit your correctiv	ve action plan via email
to ACLASS / FQS. Your re Root Cause Analysis (how /				
	n (what steps will be in the immediate fix?)	•		
	ective action (include completion dates and		occurrence)	
g	Acceptance of Response by ACL	ASS / FOS (Non-FOM	IIce)	
Response Acceptable		MOJ-110M COTT CCM	086)	
Ī				
Date: If response is "NO" or war	Approved By: rants comment, do so below:			
irresponse is 100 of warr	ants comment, to so below.			
		· · · · · · · · · · · · · · · · · · ·		
Additional Response Accept	table? If response is "NO" again, of ACLASS / FQS Accreditati		Date:	
\square YES \square NO	guidance.	on Manager(s) for	Annuared By	
	Verification of Response by ACL	ASS / FOS (Non-FOM	Approved By:	
IMPLEMENTATION .	ACCEPTABLE? (verified next visit)	Hab / PQS (Non-EQM	Date:	
	TOOLI TIBBE! (TOTALE HEAT TEN)		Approved By:	
	rants comment, do so below:			

			Reference Inform						
Custo	mer Name:	NC State Crime Laboratory	- Triad Regional	Lab	Date:	April 12, 2013			
Type of	f Assessment:	■ AA □ SA □ R	TSA □ RSA	NC #:	OFI - 1				
'`									
	<u> </u>	☐ Follow-up Visit	☐ Scope Exp		·				
Assessor: Frank Fitzpatrick Clause # 5.5.2 Was finding previously written-up from last assessment? TYES NO									
<u> </u>	Vas finding previ	ously written-up from last as	sessment?	☐ YES	X NO				
			Type of Findir	ıg					
	Major		Minor		X	Opportunity			
			Description of Fir	nding					
The Detecto	scale in Triad la	tent prints used for measuring	g dental stone is n	ot calibrated or perf	ormance checked.				
		Organization	s Proposed Corre	ective Action Plan					
		bmit your corrective action	plan. If EQM is u	navailable please sul	omit your correctiv	e action plan via email			
		esponse needs to, include:							
		why did this happen?)							
		n (what steps will be in the ir		4 4					
• I	Longer-term corr	ective action (include comple	etion dates and ac	tions to prevent re-o	ccurrence)				
		Acceptance of Resp	onse by ACLASS	S / FQS (Non-EQM	Use)				
Resp	onse Acceptable	?	NO						
Date:		Approved By:							
	is "NO" or war	rants comment, do so below	/ <u>*</u>						
11105501150	10 110 01 11411	winds commented to be before	•						
Additiona	al Response Accep	table? If response is '	'NO" again, cont	act					
\square_{YES}	\square NO	ACLASS / FQ	S Accreditation I	Manager(s) for	Date:				
L YES	□ NO	guidance.			Approved By:				
		Verification of Res	oonse by ACLASS	S / FQS (Non-EQM					
IMPLE	EMENTATION .	ACCEPTABLE? (verified 1			Date:				
☐ YES	□ NO				Approved By:				
If response	is "NO" or war	ants comment, do so below	7:						

Customer Name:	NC State Crime Laboratory - Triad Region	nal Lab	Date:	April 12, 2013							
Type of Assessment:	□ AA □ SA □ RA □ TRA □ Follow-up Visit □ Scope	NC #:	Minor - 1								
Assessor: Frank Fitzpa	ntrick		Clause #	5.5.2 F-33 FQS require							
Was finding prev	riously written-up from last assessment?	☐ YES	X NO								
	Type of Finding										
☐ Major				Opportunity							
				•							
	Description of										
	storage of chemicals in the latent print section	ion is monitored for tem	perature, but no pr	ocedure exists how this							
is to be done and what is an	acceptable range of temperatures.										
Diego log irts EOM 1	Organization's Proposed C		hmit ware same it	re action plan "							
	submit your corrective action plan. If EQM response needs to, include:	is unavanabie piease sui	omit your correctiv	ve action pian via email							
Root Cause Analysis (how											
Short-term corrective acti	on (what steps will be in the immediate fix?)										
Longer-term cor	rective action (include completion dates and	d actions to prevent re-o	occurrence)								
	Acceptance of Response by ACL.	ASS / FQS (Non-EQM	Use)								
Response Acceptab	le?										
Date:	Approved By:										
If response is "NO" or war	rrants comment, do so below:										
Additional Response Acce	ptable? If response is "NO" again, o	contact	_ 1								
	ACLASS / FQS Accreditation		Date:								
L YES L NO	guidance.		Approved By:								
	Verification of Response by ACL	ASS / FQS (Non-EQM									
	ACCEPTABLE? (verified next visit)		Date:								
☐ YES ☐ NO			Approved By:								
If response is "NO" or war	rrants comment, do so below:										

	Reference Information									
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013							
Type of Assessment:	🛮 🖾 AA 🗆 SA 🔲 RA 🗆 TRA 🗎 TSA 🔲 RSA	NC #:	OFI - 1							
	☐ Follow-up Visit ☐ Scope Expansion									
Assessor: Frank Fitzpatrick Clause # 5.5.4										
	ously written-up from last assessment?	X NO								
	Type of Finding									
☐ Major	Minor	X	Opportunity							
		, – ,	оррогошној							
	Description of Finding									
The Detecto scale in the later	t laboratory has no unique identification.									
	Organization's Proposed Corrective Action Plan									
	bmit your corrective action plan. If EQM is unavailable please	submit your correcti	ve action plan via email							
to ACLASS / FQS. Your re Root Cause Analysis (how /										
	n (what steps will be in the immediate fix?)									
	ective action (include completion dates and actions to prevent	re-occurrence)								
	Acceptance of Response by ACLASS / FQS (Non-EQ	M Use)								
Response Acceptable		111 030)								
Date:										
	Approved By: cants comment, do so below:									
Tresponse is 100 of war	ants comment, to so below.									
Additional Response Accept	16	1 1								
l	table? If response is "NO" again, contact ACLASS / FQS Accreditation Manager(s) for	Date:								
$\square_{\text{YES}} \square_{\text{NO}}$	guidance.	Approved By:								
	l °	Approved by.								
		I								
	·									

	Reference Informati			i,					
Customer Name:	NC State Crime Laboratory - Triad Regional La	.b	Date:	April 12, 2013					
Type of Assessment:	□ AA □ SA □ RA □ TRA □ T □ Follow-up Visit □ Scope Expar		NC #:	OFI - 1					
Assessor: Frank Fitzpat	rick		Clause #	5.5.5					
	ously written-up from last assessment?	☐ YES	X NO						
☐ Major	Type of Finding Minor		X	Opportunity					
			1 1 1	<u>Opportunity</u>					
	Description of Find	ing							
The Detecto scale in the laten	at print lab, while used for crime scene activities,		as other significan	t equipment.					
	Organization's Proposed Correct		C	1 1					
Please log into EQM and su	abmit your corrective action plan. If EQM is una		bmit your correctiv	ve action plan via email					
to ACLASS / FQS. Your re		•	,	•					
Root Cause Analysis (how /									
	n (what steps will be in the immediate fix?)								
Longer-term corre	ective action (include completion dates and action	ons to prevent re-	occurrence)						
	Acceptance of Response by ACLASS /	FQS (Non-EQM	Use)						
Response Acceptable	?								
Date:	Approved By:								
	rants comment, do so below:								
The spense is two or warr	white comments we so seron.								
Additional Response Accept			D-4						
$\square_{\mathrm{YES}} \square_{\mathrm{NO}}$	ACLASS / FQS Accreditation Ma	anager(s) for	Date:						
	guidance.		Approved By:						
	Verification of Response by ACLASS /	FQS (Non-EQM	Use)						
	ACCEPTABLE? (verified next visit)		Date:						
☐ YES ☐ NO			Approved By:						
If response is "NO" or war	rants comment, do so below:								

	ACLASS / FQS	NON-CONFORMANCE REC	JUKD	
		Reference Information		
Customer Name:	NC State Crime Laborator	y - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	NC #:	OFI - 2		
Assessor: Frank Fitzpat	rick		Clause #	5.8.4
Was finding previ	X NO	•		
		Type of Finding		
☐ Major	[[Minor	X	Opportunity
_	<u></u>	-		- <u> </u>
		Description of Finding		
Temperatures shall be in the The General Laboratory Equ. 5.2.4.1 The accepted tempera 5.2.4.2 The freezers shall be	range of 35 °F to 45 °F for t ipment Procedure states "5 ture of the refrigerators sha at zero degrees C or below." at the lowest end (-1 °C), b		freezers."	e Technician.
to ACLASS / FQS. Your re Root Cause Analysis (how / Short-term corrective actio	esponse needs to, include: (why did this happen?) n (what steps will be in the ective action (include comp	n plan. If EQM is unavailable please su immediate fix?) eletion dates and actions to prevent re- sponse by ACLASS / FQS (Non-EQM	occurrence)	•
Response Acceptable	· ·	NO		
Date:	Approved By:			
If response is "NO" or war		w:		
Additional Response Accep		"NO" again, contact	Date:	
\square YES \square NO		QS Accreditation Manager(s) for		
	guidance.		Approved By:	
IMDI EMENTATION	Verification of Re ACCEPTABLE? (verified	sponse by ACLASS / FQS (Non-EQM	Date:	
	ACCEL TABLE: (vernieu	i liext visit)	Approved By:	
If response is "NO" or war	rants comment, do so belo	w:	isppiored by.	
	.,			

		Reference Information							
Customer Name:	NC State Crime Laborator	y - Triad Regional Lab	Date:	April 12, 2013					
Type of Assessment:	SA NC #:	Minor - 3							
Assessor: Frank Fitzpatrick Scope Expansion Clause # 5.8.4									
	ously written-up from last a	assessment?							
		Type of Finding							
☐ Major		X Minor		Opportunity					
	•		•						
		Description of Finding							
Thermometers used to monitor	•	of refrigerators are not traceable		rd.					
Di la la FOM		on's Proposed Corrective Action							
to ACLASS / FQS. Your re		n plan. If EQM is unavailable ple	ase submit your cor	rective action plan via email					
Root Cause Analysis (how /									
Short-term corrective action	n (what steps will be in the								
Longer-term corre	ective action (include comp	oletion dates and actions to preve	nt re-occurrence)						
	Acceptance of Re	sponse by ACLASS / FQS (Non-	EQM Use)						
Response Acceptable	?] NO							
Date:	Approved By:								
If response is "NO" or war	•	w:							
Additional Response Accep		"NO" again, contact	D-	4					
$\square_{\text{YES}} \square_{\text{NO}}$		QS Accreditation Manager(s) f	or Da	ite:					
— IL S — NO	guidance.		Approved I	By:					
D (D) E) (E) (E) (E) (E)		sponse by ACLASS / FQS (Non-							
IMPLEMENTATION □ YES □ NO	ACCEPTABLE? (verified	l next visit)	Da	<u> </u>					
If response is "NO" or war	cants comment do so belo	xw.	Approved I	by:					
i i coponocio 110 di wali	and comment, up so bein	***							

	ACEADD / FQD HON-CONFORMANCE REV	JOKD	
	Reference Information		
Customer Name:	NC State Crime Laboratory - Triad Regional Lab	Date:	April 12, 2013
Type of Assessment:	NC #:	Minor - 1	
J.F.			
	☐ Follow-up Visit ☐ Scope Expansion		
Assessor: Frank Fitzpat		Clause #	5.8.4
Was finding previ	ously written-up from last assessment?	X NO	
	Type of Finding		
☐ Major	X Minor		Opportunity
			
	Description of Finding		
The procedure for Evidence	Management states that "Refrigerator and freezer temperatures sha	ll be recorded on th	e Temperature Logs
	ence Technician. Temperatures shall be in the range of 35 °F to 45		
for freezers."		Č	
The General Laboratory Equ	pment Procedure states "5.2.4 Application of Procedure on Evide	nce	
	ture of the refrigerators shall be 4 °C (+/- 5 °C).		
5.2.4.2 The freezers shall be	at zero degrees C or below."		
If the allowed temperature is	at the lowest end (-1 °C), blood could freeze and tubes can risk br	eakage.	
	Organization's Proposed Corrective Action Plan		
Please log into FOM and su	bmit your corrective action plan. If EQM is unavailable please su	hmit vour correctiv	ve action nlan via email
to ACLASS / FQS. Your re		billit your corrective	c action plan via chian
Root Cause Analysis (how /			
	n (what steps will be in the immediate fix?)		
	ective action (include completion dates and actions to prevent re-	occurrence)	
J			
Dognongo Accontable	Acceptance of Response by ACLASS / FQS (Non-EQM	Use)	
Response Acceptable	? YES NO		
Date:	Approved By:		
If response is "NO" or war	cants comment, do so below:		
Additional Response Accep	table? If response is "NO" again, contact	_	
	ACLASS / FQS Accreditation Manager(s) for	Date:	
\square YES \square NO	guidance.	Approved By:	
	Verification of Response by ACLASS / FQS (Non-EQM		
IMPLEMENTATION	ACCEPTABLE? (verified next visit)	Date:	
	(Territor near visit)	Approved By:	
	ants comment, do so below:	ippio/eu by.	
Trosponse is 110 of Wall	miss comments no so beton:		
1			

COMMENDATIONS

The staff of the Triad Regional laboratory was most open to questions from the assessors and helpful in providing information.

We would like to especially thank Brooke Motsinger for her tireless efforts in providing assessment materials and Manager James Faggart, Jr. for his welcoming attitude.

The Team would especially like to Lucille Clauson for her gracious hospitality.

PROFICIENCY TESTING, MANAGEMENT REVIEW, AND INTERNAL AUDIT

The Laboratory has records for successful participation in Proficiency Testing in conformance with FQS requirements. The Laboratory has not successfully conducted internal audits and management reviews in 2012 in conformance with ISO/IEC 17025:2005 and these are subject of minor non-conformities.

NON-CONFORMITIES FROM PRIOR REPORTS

This is an initial assessment. There were no prior non-conformities to review.

SAMPLING OF SCOPE

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025 Report Method			Customer: North Ca Laboratory- Triad R					Page _1 of2_		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel interviewed	Equipment/	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability; Verification/ Calibration	Sampling; Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
FTIR Drugs	OPIE	Brooke Motsing	polystrene	Technical Procedure for IR	N/A	Yes, NIST	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report filecontains IR data
GC/MS Drugs	OPIE	Brooke Motsing	GC/MS	Technical Procedure for Drug Chemistry GC/MS	N/A	N/A	Acceptable, sampling procedure, lab environmen tal controls	Perform ance check, PMs, annual calibrati ons	Log books of perform ance checks, PM samples perform ed	Lab report file contains GC/MS data
UV Drugs	PIE	Brooke Motsing		Technical Procedure for UV	N/A	NIST holmium oxide	Acceptable, sampling procedure, lab environmen tal controls	Perform checks, PMs except missed last PM so instrum ent not operatio nal until new PM	Log books of perform ance checks, PM samples perform ed	Lab report file contains UV data
Balances	OPIE	Brooke Motsings Robert Evans	Various top loading and analytical balances	Technical Procedure for Balances; Technical Procedure for	Yes, UM for balance processes;	NIST traceable weights- primary used as working	Acceptable, sampling procedure, lab environmen	Perform daily checks when in use;	Log books of perform ance	Lab report contains wt data

FQS Form 312 Method Witness (OPIEF) Form June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 1702 Report Metho	5/17020 Assess d Review Matr			mer: North Car atory- Triad R		me	Assessment Date(s): 5/13/-15/2013				Page2_ of2_		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel interviewed		Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measure Uncertai Verificat	nty	Traceability; Verification/ Calibration	Sampling; Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate	
pH meter; head space GC;GC/MS; ELISA; IA; HPLC;	PIE (no current active toxicology staff)	Robert Evans		See test names HPLC still in crate until arrival of new staff (to keep vendor warranty enforce)	Various toxicology procedures for sampling; training; equipment	No UN quant: tox-ble alcoho GHB v GC/M HPLC	for ood l, via S and	Standards traceability to company- drugs	Enviroment al conditions fine, performanc e checks/cali brations performed adequate until 8 months ago when unit lost staff	Log books; perform ance checks/ PM (still done) perform ed until lost staff	Maintai ned operatio nal conditio ns on equipm ent; records ok	No report file since no case work since May 2012.	
	PI	Brooke Motsing	er	N/A	All-drugs	N/A		N/A	As per tests	See drug procedu res	Records in LIMS	Case Reports T201301986 T201201265 T201201339 T201301397 T201205124	
Evidence handling	OP	Dehorah Cantu; Sylvia Jo		Bar code and LIMS	Evidence receiving/stor age	N/A		N/A	Environme ntal ok	Semian nual audits	yes	N/A	
DATE COMP	LETED:					ASSESSOR:							

FQS Form 312 Method Winess (OPIEF) Form June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Report Method Review Matrix			Customer: NCSBI Triad Lab				Assessment Date(s): May 13-15, 2013				Page 1 of1	
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) e Personne interview	i i	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measure Uncertai Verificat	nty	Traceability; Verification/ Calibration	Sampling: Handling/ Preparation/ Environmental Conditions	Quality Checks	Records	Report/ Certificate
Latent Processing	P,I,E	James Faggar		ALS, chambers	Processing procedures and training manuals	N/A		Refer. Verification of temp	N/A	Positive samples	None to review	No casework reported in the last 5 months
Latent Comparison	P,I,E	James Faggar		Imaging Equipment	Comparison procedures and training manuals	N/A		N/A	N/A	N/A	None to review	No casework reported in the last 5 months
FW/TT comparison	P,I,E	James Faggar		As above	Comparison and processing procedures and training manuals	N/A		N/A	N/A	N/A	None to review	No casework reported in the last 5 months
Databasing	P,I,E	James Faggar		AFIS terminal	AFIS procedures	N/A		N/A	N/A	N/A	None to review	No casework reported in the last 5 months
DATE COMP	DATE COMPLETED: May 15, 2013					ASS	ASSESSOR: Frank Fitzpatrick					

NOTES:

 ${}^{\star}O = Observed \ Test; \ P = Procedure \ Reviewed; \ I = Interviewed \ Personnel; \ E = Equipment \ Inspected; \ F = Field \ (On-Site); \ NR = Not \ Running \ (On-Site);$

FQS Form 312 Method Witness (OPIEF) Form June 5, 2012

FQS METHOD WITNESS (OPIEF) FORM

ISO/IEC 17025/17020 Assessor Customer: (Triad) Report Method Review Matrix North Carolina State Crime Laborator						Assessment 05/13/13	Page 1 of	Page 1 of 2		
Parameter/ Test Name or Technology	Depth of Assessment *see codes	Name(s) of Personnel interviewed	Standards/ Equipment/ Ref. Materials	Procedure/ Operating Instructions	Measurement Uncertainty Verification	Traceability; Verification/ Calibration	Sampling; Handling/ Preparation/ Environmenta I Conditions	Quality Checks	Records	Report/ Certificate
Computer Forensics	OPIE	Daren Melson	Lab SOPs Equipt Guides Manuals US Secret Service Best practices	PDF files reviewed for all procedures		HASH value verification control disk Log maintained	Standard office AC	100% Reviews Technical Clerical Administrative	Reviewed records in FA database T201102948 T200801030 T201105696 T200902860 T200801476	Reviewed reports in FA database T201102948 T200801030 T201105696 T200902860 T200801476
Video	PIE	Daren Melson	Lab SOPs Equipt Guides Manuals LEVA best practices	PDF files reviewed for all procedures	N/A	(Video) Validation color bars and test tone	Standard office AC	100% Reviews Technical Clerical Administrative	Reviewed records in FA database T201100486 T201100158	Reviewed reports in FA database T201100486 T201100158
DATE CO	MPLETED	: 0514/13			AS	SESSOR: Dav	id Knoerlein			

NOTES:

FQS Form 312 Method Witness (OPIEF) Form June 5, 2012

CONCLUSIONS

The non-conformities identified are classified as minor. In at least one instance, the resolution of one non-conformity will resolve two other related non-conformities. Most of the non-conformities are shared by all the laboratories in this system and not just to this laboratory being assessed.

To appeal any non-conformity cited in this report, please submit your appeal according to the FQS appeals procedure, no later than ten (10) days following your receipt of this report from FQS. The justification for the appeal and the change that the laboratory is seeking must be clearly stated.

Responses to FQS are due by July 1, 2013, unless otherwise arranged.

Respectfully Submitted,

- Frank Lifsatul

Frank Fitzpatrick Lead Assessor

ANSI-ASQ National Accreditation Board/FQS